

Case Number:	CM15-0068476		
Date Assigned:	05/04/2015	Date of Injury:	11/06/1986
Decision Date:	06/05/2015	UR Denial Date:	03/26/2015
Priority:	Standard	Application Received:	04/10/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 61-year-old male, who sustained an industrial injury on 11/06/1986. The initial complaints or symptoms included neck pain and back pain due to a motor vehicle accident. Treatment to date has included conservative care and medications. Currently, the injured worker complains of ongoing neck and back pain. It was reported that the injured worker was doing well on 6 Norco per day with a pain rating of 9/10 before medication and 4/10 after taking medications. However, according to a progress note dated 01/12/2015, the injured worker was taking 8 Norco per day without much benefit, and was also being treated with Percocet and Flexeril with no significant change from previous visits. The Norco was initially prescribed on 09/22/2014. The diagnoses include low back pain, left paracentral disc causing moderate stenosis, cervical pain, and cervical degenerative disc disease with stenosis, depression and anxiety disorder. The request for authorization included continued Norco. The medications listed are Norco and Flexeril. The following medication were discontinued; Zanaflex for causing dizziness, Lexapro was ineffective and Motrin caused GI upset. Other medications utilized in the past are Celebrex, Zohydro and Opana. A UDS dated 11/17/2014 was noted to be consistent with prescribed opioids.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Norco 10/325mg, three (3) times a day, #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 75, 80-81, 91-94.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 42-43, 74-96,124. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Opioids.

Decision rationale: The CA MTUS and the ODG guidelines recommend that opioids can be utilized for the short-term treatment of exacerbation of musculoskeletal pain that did not respond to standard treatments with NSAIDs and PT. The chronic use of opioids can be associated with the development of tolerance, dependency, sedation, addiction, opioid induced hyperalgesia and adverse interactive with other sedative agents. The guidelines recommend that chronic pain patients with co-existing psychosomatic symptoms be treated with anticonvulsant and antidepressant medications with mood stabilizing and analgesic actions. The records did not show failure of treatment with non-opioid co-analgesic medications. There is no documentation of current treatment of the psychosomatic symptoms. The criteria for the use of Norco 10/325mg #90 were not medically necessary.